

# Outpatient Hospital Blood and Blood Products Policy (CES)

Policy Number: ADMINISTRATIVE 281.1 T0  
Effective Date: December 1, 2020

[➔ Instructions for Use](#)

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Related Policies
None

## Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

## Application

This reimbursement policy applies to services reported using the UB-04 Health Insurance Claim Form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

## Overview

The policy describes how Oxford reimburses UB-04 claims for outpatient blood and blood products when submitted for transfusion, freezing or thawing, irradiation and splitting of a unit of a blood or blood product. It also addresses the appropriate use of revenue codes.

## Reimbursement Guidelines

According to Centers for Medicare and Medicaid Services when a revenue code is submitted for a blood or blood product, the appropriate HCPCS code must also be submitted on the same claim line.

### Transfusion Services

Transfusion services, CPT codes 36430–36460 should be reported with revenue code 0391. A single transfusion code is submitted once per service regardless of the number of units of blood or blood product transfused. In addition, the applicable code for the blood or blood product should be submitted on the same claim.

## Irradiation of a Blood or Blood Product

Irradiation of a blood product, CPT code 86945, should not be separately reported in addition to a HCPCS code that includes the irradiated blood or blood product. Code 86945 should only be reported when a specific irradiated blood or blood product HCPCS code does not exist.

## Freezing or Thawing of a Blood or Blood Product

When reporting services for the freezing or thawing of a blood or blood product, a HCPCS codes that includes both the freezing or thawing service and the blood or blood product should be submitted when available. A separate freezing or thawing procedure code should not be submitted in addition to the HCPCS code that includes these services.

## Split Unit of Blood or Blood Product

A split unit of blood or blood product is where portions are given to different patients or the same patient at different times. HCPCS code P9011 for the split unit of blood must be submitted with the appropriate revenue code (0383, 0384, or 0389) that identifies the blood or blood product transfused.

CPT code 86985 should be submitted for each splitting procedure performed to prepare the blood product for a specific patient. The splitting of the blood or blood product should not be reported unless that service was performed for the specific patient receiving the transfusion.

## Packed Red Blood Cells and Whole Blood

Packed red blood cells should be reported when appropriate under revenue code 0381. If a code is submitted with revenue code 0381 that does not represent packed red blood cells or if a HCPCS code is not submitted with revenue code 0381 it may be denied.

Whole blood should be reported when appropriate under revenue code 0382. If a code is submitted with revenue code 0382 that does not represent whole blood or if a HCPCS code is not submitted with revenue code 0382 it may be denied.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
86945	Blood Product Irradiation
86985	Blood or Blood Product Splitting

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HCPCS Code	Description
P9011	Blood, Split Unit

## Questions and Answers

1	Q:	How should the outpatient hospital facility report a unit of packed red blood cells when it has been split for transfusion for a patient?
	A:	Report CPT code 86985 (blood or blood product splitting), HCPCS code P9011 (blood, split unit) and the CPT code for the blood transfusion to the patient who received the initial blood or blood product after splitting.
2	Q:	How should the outpatient hospital facility report the remaining portion of a unit of packed red blood cells that was previously split and transfused to a patient?
	A:	Report HCPCS code P9011 (blood, split unit) and the CPT code for the blood transfusion to the patient. It would not be appropriate to report CPT code 86985 for this patient when the splitting of the blood was reported for the initial transfusion to a different patient.
3	Q:	The blood product described by HCPCS code P9040 (Red blood cells, leukocytes reduced, irradiated, each unit) was transfused. Would it be appropriate to report CPT code 86945 for the irradiation in addition to P9040?
	A:	No. HCPCS code P9040 includes the irradiation service, so it would not be appropriate to bill the additional CPT code.
4	Q:	A unit of frozen plasma was thawed and reported under HCPCS code P9017. Would CPT code 86927 be reported in addition to HCPCS code P9017?
	A:	No. HCPCS code P9017 includes the thawing service, so it would not be appropriate to bill the additional CPT code.

## Attachments

CPT Codes										
Freezing and Thawing Codes: A list of codes for the Freezing and Thawing of a blood or blood product.										
86927	86930	86931	86932							
Transfusion Codes: A list of codes for reporting the transfusion of a blood or blood product.										
36430	36440	36450	36455	36456	36460					

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HCPCS Codes										
Packed Red Cells Codes: A list of codes for the reporting of packed red blood cells.										
P9016	P9021	P9022	P9038	P9039	P9040	P9051	P9054	P9057		
Whole Blood Codes: A list of codes for the reporting of whole blood.										
P9010	P9051	P9054	P9056							

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2020R6012A]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services (CMS) Integrated Outpatient Code Edit (IOCE)

Centers for Medicare and Medicaid Services (CMS), Manual System and Other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

## Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted and reorganized policy; transferred content to new template</li></ul>
12/01/2020	<ul style="list-style-type: none"><li>New Reimbursement Policy</li></ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The InterQual<sup>®</sup> criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.